

**BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION**

400 R Street, Suite 5000, Sacramento, CA 95814-6200
P.O. Box 980818, West Sacramento, CA 95798-0818
Telephone: (916) 445-3427
www.bppve.ca.gov



CERTIFICATE OF AUTHORIZATION FOR SERVICE
APPLICATION INSTRUCTIONS
(READ PRIOR TO COMPLETING THE APPLICATION)

A Certificate of Authorization for Service (COAFS) is a written, non-transferable document issued by the Bureau for Private Postsecondary and Vocational Education (Bureau). The COAFS authorizes an individual to be an Instructor (valid for 3 years); Director (valid for life); Associate Director (valid for life); Financial Aid Director (valid for 3 years); and/or Financial Aid Officer (valid for 3 years) in a California private postsecondary educational institution that is approved under the California Education Code (CEC) Section 94915 of The New Private Postsecondary and Vocational Education Reform Act (Act).

CERTIFICATION REQUIREMENTS
(INCLUDE ANY AND ALL DOCUMENTATION REQUIRED BY YOUR PROFESSION)

INSTRUCTORS shall have all of the following qualifications:

- ◆ No record of any violations of the Private Postsecondary and Vocational Education Reform Act.
- ◆ Verification that he/she possesses a combination of at least three years' experience and training or education in the occupation or job title category for which the certification is sought.
- ◆ An Instructor for a program that leads to a degree shall possess a degree of equal or higher level in the occupation for which certification is sought.

TRUCK DRIVING INSTRUCTORS must also meet the following requirements set forth in Vehicle Code Section 11104.

- ◆ Verification from the Department of Motor Vehicles (DMV) that you have passed the written exam for an Instructor required by DMV on traffic laws, safe driving practices, operation of motor vehicles, and teaching methods and techniques.
- ◆ A copy of your valid California Class A driver's license.
- ◆ A copy of your DMV driving record printout within the last thirty (30) days prior to submission of your COAFS application.
- ◆ A copy of your high school diploma or other document evidencing passage of the General Education Development test.

DIRECTORS shall have both of the following qualifications:

- ◆ No record of any violations of the Private Postsecondary and Vocational Education Reform Act.
- ◆ Three years experience in an administrative position in a public or approved private postsecondary school. (Note: An individual who is the sole owner of an institution may serve in the capacity of Director for 3 years prior to meeting this requirement.)

ASSOCIATE DIRECTORS shall have both of the following qualifications:

- ◆ No record of any violations of the Private Postsecondary and Vocational Education Reform Act.
- ◆ Two years' experience in an administrative or other responsible position in a public or state approved private postsecondary school.

FINANCIAL AID DIRECTORS shall have all of the following qualifications:

- ◆ No record of any violations of the Private Postsecondary and Vocational Education Reform Act.
- ◆ Five (5) years experience in an administrative position in the financial aid office of a public or approved private postsecondary school.
- ◆ Verification of completion within the previous two years of a training seminar or workshop certified by the Student Aid Commission as providing up-to-date comprehensive information on financial aid programs and policies. Please submit a copy of the certificate of completion for approved seminar.
- ◆ Other requirements the Bureau deems necessary.

FINANCIAL AID OFFICERS shall possess all of the following qualifications:

- ◆ No record of any violations of the Private Postsecondary and Vocational Education Reform Act.
- ◆ Verification of completion within the previous two years of a training seminar or workshop certified by the Student Aid Commission as providing up-to date comprehensive information on financial aid programs and policies. Please submit a copy of the certificate of completion for the approved seminar or other documentation evidencing completion or other documentation evidencing completion.
- ◆ Other requirements the Bureau deems necessary.

Additional requirements for instructors, financial aid officers and financial aid directors per California Education Code, Section 94920

(e) Each individual certified for authorization for service in the positions listed in paragraphs (1), (4), and (5) of subdivision (b) shall maintain at each private postsecondary educational institution where he or she is employed a validated transcript evidencing the successful completion of three continuing education units of recognized in-service training in their education, job title category, or employment field during every period of certification. These units may be completed through in-service training offered by accrediting associations, professional organizations, or council-approved programs.

ADDITIONAL INFORMATION

- 1) Submit a completed application with necessary documentation establishing that you satisfy the applicable standards under the Private Postsecondary and Vocational Education Reform Act. You must document your education and/or experience that qualify you for the COAFS. This includes certified copies of educational transcripts, where applicable, and any other documentation of prior experience or education.
- 2) Your signature on the application certifies that the information you have documented is true and correct.
- 3) Submit \$55.00 fee (check or money order) made payable to the Bureau for Private Postsecondary and Vocational Education or BPPVE.
- 4) Mail your application, documentation and fees to:
The Bureau for Private Postsecondary and Vocational Education
Attention: Certificate of Authorization for Service Unit
P.O. Box 980818
West Sacramento, CA 95798-0818

APPLICATION FEES

Instructor's Application	\$55.00
Director's Application	\$55.00
Associate Director's Application	\$55.00
Financial Director's Application	\$55.00
Financial Aid Officer's Application	\$55.00

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE BUREAU'S CERTIFICATE OF AUTHORIZATION FOR SERVICE UNIT AT (916) 445-3427, EXTENSION 3064, OR YOU MAY REFER TO THE WEB SITE AT www.bppve.ca.gov.



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**FOR DEPARTMENTAL USE ONLY**

APPLICANT # _____

APPLICATION # _____

AMOUNT PAID \$ _____ LEDGER/TRANS # _____

APPROVED _____ DENIED _____

APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR SERVICE (COAFS)

**ALL APPLICATION FEES ARE NON-REFUNDABLE EXCEPT AS SPECIFICALLY PERMITTED BY BUSINESS
AND PROFESSIONS CODE SECTION 158 AND GOVERNMENT CODE SECTION 13140 ET. SEQ.**

I. PERSONAL INFORMATION

(Mr.)

(Ms.)

Last Name	First	Middle	Social Security Number
			()
Street Address		City/State/Zip	Telephone Number
Mailing Address (if different from above)		City/State/Zip	
Driver's License Number			

()

II. PREVIOUS CERTIFICATIONSDo you possess a certificate issued by this Bureau? Yes ☐ (If yes, please give number) No ☐

Certificate Number	Expiration Date	Type(s)
III. <u>TYPE(S) OF CERTIFICATES OF AUTHORIZATION FOR SERVICE (COAFS) REQUESTED</u>		
A. <input type="checkbox"/> Instructor – Teaching the following course (s) – attach separate sheet of paper if necessary.		
COURSE NAME(S): _____		
B. <input type="checkbox"/> Director <input type="checkbox"/> Associate Director <input type="checkbox"/> Financial Aid Director <input type="checkbox"/> Financial Aid Officer		
<input type="checkbox"/> Sole Owner		
Institution Name	Street Address/City/State/Zip	Institution School Code
Is the institution approved by the Bureau for Private Postsecondary and Vocational Education? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please explain: _____		

IV. PROFESSIONAL CREDENTIALS

Do you possess a professional state agency or licensing board license or credential? No ☐ Yes ☐ If yes, please complete section below.

LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE	ISSUING AGENCY

V. EDUCATION

(Please attach certified copies of educational transcripts, where applicable – for additional education attach a separate sheet if necessary.)

-----**TRUCK DRIVING INSTRUCTORS ONLY**-----
High School Graduate? Yes ☐ No ☐
If no, have you passed the GED/high school equivalency test? No ☐ Yes ☐ Date Passed: _____

Please list all education obtained beyond high school.

INSTITUTION NAME		DATES ATTENDED/TOTAL NUMBER OF MONTHS ATTENDED
STREET ADDRESS		
CITY, STATE, ZIP		
AREA OF STUDY		
DEGREE/DIPLOMA.CERTIFICATE		DATE ISSUED

INSTITUTION NAME		DATES ATTENDED/TOTAL NUMBER OF MONTHS ATTENDED
STREET ADDRESS		
CITY, STATE, ZIP		
AREA OF STUDY		
DEGREE/DIPLOMA.CERTIFICATE		DATE ISSUED

VI. EMPLOYMENT BACKGROUND/EXPERIENCE (Please attach copy of resume if necessary)

PRESENT EMPLOYER NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	()
POSITION	
SPECIFIC JOB DUTIES	
DATES WORKED	
TOTAL NUMBER OF MONTHS WORKED	

PRESENT EMPLOYER NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	()
POSITION	
SPECIFIC JOB DUTIES	
DATES WORKED	
TOTAL NUMBER OF MONTHS WORKED	

VII. CERTIFICATION (California Code of Regulations, Title 5, Division 7.5, Chapter 4, Article 6, Section 73670.)

ALL APPLICANTS: Please answer questions 1 through 4, except if you are applying for Truck Driving Instructor, answer questions 1 through 5. Describe "YES" answers to the questions by listing each separate offense by date of conviction, offense, court of jurisdiction and disposition in appropriate columns below.

1. Have you ever been convicted of any crime by any federal or state jurisdiction? Yes ☐ No ☐
2. Have you ever been convicted of, or pled nolo contendere or guilty to, a crime involving the acquisition, use, or expenditure of federal or state funds? Yes ☐ No ☐
3. Have you ever been judicially or administratively determined to have committed any violation of the Private Postsecondary and Vocational Education Reform Act? Yes ☐ No ☐
4. Have you ever been judicially or administratively determined to have committed any violation of law involving state or federal funds? Yes ☐ No ☐

TRUCK DRIVING INSTRUCTORS ONLY

5. Including traffic offenses, have you ever been convicted of any crime or offense either felony or misdemeanor? Yes ☐ No ☐

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE			
			Amount Fined	Term of Probation	Jail or Prison	Date Released

Attach separate sheet of paper if additional space is needed.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection And Use of Personal Information. The Bureau for Private Postsecondary and Vocational Education (Bureau) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by California Education Code Sections 94915 and 94920 and Title 5, California Code of Regulations, Sections 73670 and 73680. The Bureau uses this information principally to identify and evaluate applicants for licensure, issue licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Bureau cannot consider your application for licensure unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court of administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Communication and Public Records Act Coordinator, Bureau for Private Postsecondary and Vocational Education, P.O. Box 980818, West Sacramento, CA 95798-0818, (916) 445-3427, or at Web site address: www.bppve.ca.gov.

DECLARATION BY APPLICANT

I DECLARE UNDER PENALTY OF PERJURY THAT THE ANSWERS AND INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT .

SIGNATURE: _____ **DATE:** _____

EXECUTED AT (CITY, STATE): _____

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